

## Foster Family Home - Corrective Action Report

Provider ID: 1-626202

Home Name: Jaculino Delos Santos, CNA

Review ID: 1-626202-5

1115 Kukila Place

Reviewer: Sue Lo

Honolulu

HI

96818

Begin Date: 2/15/2018

End Date: 4/10/2018

### Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/15/2018.

### Foster Family Home

### Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(b)(7);(f) TB Clearance lapsed: CG#1 - due on/before 3/8/17 was done on 2/14/18; CG#2 - due on/before 3/12/17 was done on 1/23/18; HHM#1- due on/before 4/27/17 was done on 2/02/18; and HHM#3 - due on/before 3/16/17 was done on 2/2/18.

TB Clearance due on/before 1/2/16 no current TB Clearance present in the Home for CG#3. TB clearance last done 2/12/16 and no current TB Clearance present in the Home for HHM#2.

41.(b)(8) Lapsed on CPR and First Aid due on/before 9/18/16 was done on 2/5/17 for CG#1, #2, and #3.

### Foster Family Home

### Fire Safety

[17-1454-45]

45.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

45.(b)(2) Documentation for unannounced fire drill not present for CG#3.

### Foster Family Home

### Records

[17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) Dr. orders, pharmacy Rx label, and the Medication Administrative Record (MAR) do not match one of Client #1's medication.

Compliance Manager

Primary Care Giver

Date

Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: JACU LINDO T. DELOS SANTOS  
CCFFH Address: 1115 KUKKA PLACE MON. HI. 96818

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41. (b)(7)(f): 41. (b)(3)	LAPSE CANNOT BE CORRECTED CH#3 COMPLETED T.B CLEARANCE. HOUSEHOLD MEMBER #2 COMPLETED T.B CLEARANCE	2-15-18 2-02-18	T.O. CPR AND FIRST AIDE CLEARANCE REQUIREMENTS WILL NOT EXPIRE OR LAPSE IN THE FUTURE THE HOME CLEANING REQUIREMENTS CHART FOR ALL REQUIREMENTS WILL BE POSTED ON THE REFRIGERATOR AND CHECK EVERY MONTH. FIRE DRILL WILL BE CONDUCTED EACH CASE GIVE AT LEAST ONCE A YEAR ACCORDING SCHEDULE ON MY REQUIREMENTS.
45. b-2	CG#3 CONDUCTED FIRE DRILL AND DOCUMENT FILLED IN HOME BINDER	3-1-18	COORDINATE WITH CASE MGR. AGENCY/RN WILL BE UPDATED WHEN DOCUMENT MISSING OR DO NOT MATCH. SCHEDULE POSTED ON THE REFRIGERATOR CHECK AT LEAST ONCE A MONTH FOR EXPIRED REQUIREMENTS
52 C-5	CLIENT ORDER NOW MATCH WITH THE MAR AND RX LABEL FOR CLIENT #1	2-22-18	

Primary Caregiver's Signature:

Jaculindo T. Delos Santos

Print Name:

JACULINDO T. DELOS SANTOS

Date of Signature:

4-9-18